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THE PRINCIPLES AND PRACTICE OF SURGERY.

[Notes from the Introductory Lecture to the present Medical Class in the Mass. Medical College.]

BY GEORGE HAYWARD, M.D.

It would be easy to multiply instances calculated to show the necessity of what I wish to impress on your minds, and that is, that every physician should be acquainted with the principles and practice of surgery. Even if he should be so situated, that there will be no occasion for him to perform the operations, or even attend to the management of surgical diseases, he will still find that the knowledge he possesses of surgery will often aid him in the practice of medicine. In our country, however, there are but few of us so situated; we are required to attend to all the diseases of the body, and all the accidents to which it is liable. But few can be operating surgeons, because this part of our labors requires constant practice to do it well and to give confidence to him who operates. Nor is it necessary for all who practise surgery to attempt to operate; for it is not usual to meet with cases in private practice, where a delay sufficiently long to obtain the aid of a skilful operator is prejudicial to the patient.

I am inclined to think, too, that the operations of surgery have an exaggerated importance in the eyes of medical students. There is, to be sure, something captivating about them; the results are apparent and striking; the performance of some of them, at least, implies a great degree of firmness and decision of character in him who undertakes to do them; and the power of art is placed in a point of view calculated to dazzle, and in some measure mislead those who are just entering on the study of the profession. They are apt to be regarded as the greatest triumphs of skill, in comparison with which the arduous and responsible every-day duties of surgical practice sink into insignificance.

There is another circumstance connected with this subject that I think proper to mention; I allude to the earnest desire which is always manifested to witness important and difficult operations, by persons who, perhaps, will not think it worth while to remain in the room while the surgeon is doing those of a more common character. Students will rush with great eagerness to see the operation of lithotomy, or that for carotid aneurism, or in fact any one that is of rare occurrence, and which in all probability will never fall to their lot to perform; while they will turn with indifference from the amputation of a finger, or the excision of

the tonsils, though they may be the very first things that they will be called upon to do when they enter upon the active duties of their profession.

Let me not be understood as discouraging your attendance on the great operations of surgery; on the contrary, I deem it important that you should see them, that you should minutely observe the manner in which they are done, and fully understand the reasons for the different steps that are taken. I only wish to enforce on you the necessity of attending carefully to what are called the minor operations, those which will first and most frequently fall under your care, and which, if not well done, will be very prejudicial to your reputation.

It is not unusual with many, who witness with extreme interest the great surgical operations, to disregard altogether the dressings and the after treatment. Some, in fact, will leave the room the instant the surgeon has laid down the knife, and not wait to see the arteries tied, and the application of the adhesive straps and bandages. Now it is very certain that the success of the operation depends as much upon the dressings and the subsequent treatment as upon the operation itself; in fact, if they are neglected or improperly done, the patient's comfort is destroyed, and his life put to hazard.

A case requiring an operation should be seen through its whole course, if we hope to derive much instruction from it. We should watch the effects which the operation has produced upon the system; notice the various symptoms that arise, and carefully observe the remedies that it may be necessary to adopt to produce a successful result. If this be not done, we can obtain but little more information from seeing operations on living subjects than we could on the dead. We should only learn the mechanical part of the operation; that part, which though it be of the utmost consequence that it should be properly understood, cannot be regarded as the highest of the duties of the surgeon.

I do not wish to undervalue surgical operations; they are occasionally of immeasurable importance, and afford the greatest relief to suffering humanity. Every one, who undertakes to perform them, should adopt all means within his reach that will aid him to do them well. But there is often much more skill shown in curing a disease, which, if it had not been properly managed, would have required an operation, than there could be in performing it. Surgical operations may be regarded as the opprobrium of our profession, except when they are rendered necessary by accidents and malformations; for it is obvious that if surgery had attained the point at which it should be our aim to place it, all surgical diseases would be within the control of our remedies.

In fact, some advances towards this very desirable end have already been made; operations comparatively trifling have in some cases been substituted for those of a very severe character, which were formerly practised; and some accidents, which were once almost uniformly followed by loss of limb, are now in most instances managed without resorting to any operation. It is only necessary to mention two instances in confirmation of what I have stated; these are aneurisms and compound fractures. Aneurism in former times, unless situated in the extremities,

was necessarily a fatal disease. No resources of art could arrest its progress, much less remove it, and it went on with a slow but steady pace till it destroyed the patient. When situated in the extremities, however, surgeons not unfrequently attempted an operation; but this was one of great severity, attended with extreme hazard, and often followed by sloughing, hemorrhage and death. Even when it succeeded, the limb was in almost every instance rendered stiff, and in a great measure useless. In fact, the operation was regarded by the most intelligent surgeons as one of so doubtful a character, so difficult and hazardous to perform, and having so small a chance of success, that they had abandoned it almost altogether, and preferred amputating the limb, instead of resorting to it. At this period Mr. John Hunter proposed a substitute, which he successfully practised, and which is now the operation for aneurism. It is performed with much more ease than the old method; it gives the patient comparatively little pain; is attended with little danger at the time; is rarely followed by bad consequences; and when it succeeds, which it most frequently does, affords complete relief.

It should be borne in mind, too, that this operation was not the result of accident, which might have suggested itself to any other man as well as to its inventor. But it was undertaken after mature deliberation, long study of the principles of surgical practice, and with a profound knowledge of the laws which preside over the functions of the body in health and disease. If Mr. Hunter had done nothing else than invent the operation for aneurism as it is now practised, he would still be regarded as one of the benefactors of the human race.

Till within the last half century it was almost a universal practice to amputate in all cases of compound fracture. The patients very frequently died; the suffering from the operation probably in many instances lessened the chance of recovery, and when this did take place, the individual was maimed for life. But such has been the advance of surgical knowledge, and so great has been the improvement in practice, that amputation is now rarely performed in cases of compound fracture, unless it be complicated with some other injury. At any rate, it is not resorted to, as it formerly was, immediately after the occurrence of the accident, and not in most instances till other means have been attempted in vain. In this way fewer lives are lost than under the old system, and when death does not take place, the individual is restored to the full use of his limb.

Students are very apt to consider the time in which a surgical operation is performed, as a means by which to judge of the skill of the operator; or, in other words, they not unfrequently regard him as the best surgeon who operates the quickest. Surgeons themselves, it must be admitted, have done something to give currency to this opinion; many of them speak of the rapid manner in which they have gone through with a difficult operation, as if this circumstance alone was decisive evidence that it was well done; and some, when they are about to operate, especially if many spectators are present, seem rather more desirous to make a good impression on them, than to discharge well a painful but necessary duty. Every surgeon, however, who feels rightly

upon the subject, endeavors to do the operation in such a manner as will be of the most permanent advantage to the patient. He does it as rapidly as possible, consistently with this consideration; but he knows that he cannot do it well or safely, if he allows himself to be hurried. It is no doubt important to save the patient as much suffering as he can, and whatever can be done quickly should be. But it is more important to do it in such a manner as will give the subject of it the greatest possible chance of recovery, and leave no cause of regret that it was not done differently.

HYDROPHOBIA.

[Communicated for the Boston Medical and Surgical Journal.]

Wm. Stockbridge, M.D.

Woodville, Oct. 1, 1842.

DEAR SIR,—Having heard of an interesting case supposed to be hydrophobia, that came under your charge and treatment a few weeks since, and also having heard contradictory rumors as to its character, we are induced to solicit you to draw up a report of the same, confident that its publicity will be regarded with interest by the profession, and particularly so by us who have the honor of your personal friendship.

Yours with much respect,

JOHN M. CURRIER, M.D.

WM. INGALLS, JR., M.D.

West Feliciana Parish, La., Oct. 12th, 1842.

GENTLEMEN,—Your polite note of October 1st is received, and it gives me much pleasure to comply with your request. In communicating the case that recently came under my charge, I have no expectation of presenting anything of value or interest worthy of your attention, but briefly and plainly to lay before you a statement of the symptoms and phenomena of the case as they exhibited themselves. The patient, Mr. L. P. Smart, was a native of Alabama. Several years since he removed to this State, and was employed as an overseer on a plantation. He was industrious, temperate, and regular in all his habits. On the 5th of August, 8 o'clock, P. M., I was called to visit him. Upon examination I found much general nervous irritability; an expression of countenance indicative of great excitement, with an expression of wildness, anxiety and alarm; the pulse was frequent, quick and full; skin dry and hot; dysphagia and dyspnœa attended every attempt to swallow anything liquid; the secretion from the kidneys was of a pale green color; the bowels inclined to constipation. On inquiry, I was informed that a day or two previous, he had complained of languor, lassitude and chilliness, and during that day had vomited a yellow fluid. The stomach continuing irritable, I applied cups to the epigastrium and to the back of the neck; prescribed submuriæ hydrarg., grs. v.; pulv. camph., grs. iij., to be repeated every two hours until catharsis was effected. During the following three hours, the symptoms remaining the same without any abatement, the dyspnœa and dysphagia increasing rather than diminishing, § xxxij. of blood was taken from the arm, and blisters

applied to the epigastrium and back of the neck. On the morning of the 6th the prominent symptoms were partially abated. The patient having had three alvine evacuations, the pulse and skin natural, he was ordered sulph. quinine, grs. v., every two hours. After an interval of three hours, the symptoms became more violent; pulse weak and irregular, quick and wiry; extremities cold; deglutition more difficult, with violent spasms of the muscles of the larynx and pharynx, which were increased upon the presentation of liquids. By suitable external and internal stimulation, re-action soon supervened; but during the day the paroxysms of dysphagia and dyspnœa increased in frequency and severity, induced not only by the sight of water, but by the change of atmosphere in the act of fanning, and the application of dressings to the blistered surfaces. The countenance was expressive of great anxiety and alarm; speech incoherent and abrupt, and the muscles of the face frequently assuming the appearance of the "*risus sardonius*." A solution of tart. ant. and acet. morph. was prescribed, with the intention, if possible, of allaying the local spasms and general irritability. Leeches were applied freely to the throat, but all without the desired effect. Deglutition became more and more difficult; laryngeal and pharyngeal spasms more frequent and intense, until all attempts to swallow proved unavailing. No swelling of the parts involved could be detected, but a redness only of the glottis and epiglottis.

Further attempts were made to bring the patient under the sedative influence of morphine, by its endermic application on the blistered surfaces. The prominent distressing symptoms increased; the secretion of saliva became more profuse, viscid and tenacious, with a constant disposition to eject it with much force without regard to place or direction. The presentation of a cloth or vessel produced a recurrence and increase in the violence of the spasms, and every attempt that art could devise for the alleviation of his sufferings was followed by disappointment. The mental faculties retained their sanity until twenty-four hours previous to his death, when they became deranged, increasing in extent even to furious delirium. In these violent paroxysms the patient fancied he could "*smell water*," and saw "*spouts of water*" approaching him, which produced such violent spasms as to require the interference of friends to confine him to his bed. The saliva became so tenacious, and the efforts to eject it so ineffectual, that it was seized by the hand and thrown with a degree of violence and with an expression of horror that could leave no doubt of the nature of the disease. On the morning of August 7th, the patient expired in a violent paroxysm; the trunk thrown backwards, the whole body becoming convulsed, and the spasms resembling those of *tetanus*.

Such, gentlemen, is a plain statement of a case that has been the subject of so much speculation in this parish. That it was a case of hydrophobia, I have not the shadow of a doubt. To decide this matter it may be asked, *was he ever bitten by a rabid animal?* I have indirect information that he was bitten three years ago by a dog supposed to be rabid. He was bitten three weeks previous to his death by a dog that was not, and has not yet become rabid. The fact of his having been

bitten or not at any previous time by a rabid or healthy dog, cannot disprove the truth that he died of hydrophobia. The diagnosis of hydrophobia is as distinct as that of any other disease. The testimony of medical men of high reputation, both in Europe and America, is conclusive. Permit me to quote a few passages from Bennett and others. He says, "We consider it, however, incontestably proved that other causes are capable of producing hydrophobia, attended with symptoms exactly resembling those occasioned by the bite of a rabid animal." Pinel, in his "*Nosog. Phil.*," relates the case of a young soldier who so disliked the military profession as to seclude himself. His comrades attributing it to cowardice, entered his chamber at midnight, beating the charge on the drum, and crying that the Austrians had crossed the Rhine. He was immediately seized with convulsions, accompanied with a burning and constriction in the throat, dread of liquids, and a copious expectoration of saliva. He was certain he never had been bitten. The symptoms increased, and he died. In "*Hufeland's Journal*" (Dec. 1839) there is a similar case from the bite of a dog received five weeks before the symptoms appeared. The dog was perfectly healthy, and remained so after the individual bitten had died, laboring under the most dreadful form of hydrophobia. "A well-reported case, occasioned by great fatigue during a hot day, is also recorded, in which all the symptoms of hydrophobia were well marked. It terminated fatally."—(*Journ. des Savans*, 1757.) "In others, horror of water and symptoms resembling hydrophobia have followed rheumatic and inflammatory affections, exanthematous fevers, cerebral lesions, suppressions of habitual discharges, some kinds of poisons, &c. &c."—(*Dict. des Sciences Med.*) Dr. Rush states that a wound in a tendinous part, putrid and impure animal food, exposure to intense heat, drinking cold water when the body is much heated, fright, gastritis, the bite of an angry but not diseased animal, &c., have all produced symptoms of hydrophobia.

Such, gentlemen, are a few of the high medical authorities I might adduce to substantiate the position I have taken. Nor am I without collateral evidence from other diseases. It is well known to you that *tetanus* may be produced by cold, wounds, or by the introduction of poisons. *Paralysis* may be the result of mental emotions; scarlatina, the *absorption of lead* or other causes. So with epilepsy—all, diseases distinct in their identity from other affections, yet each one arising from different and independent causes. But should you be of the number of those who reject a plurality of causes of hydrophobia, and contend that three years must cancel all liability to the development of the inoculated poison, permit me to introduce a few more medical evidences of high character. R. Lentillius mentions a case where *three years* elapsed from the reception of the bite to the development of the disease.—(*Cooper's Dict.*) In "*De Prax. Admir.*" Lusitanus has a case of four years. In the "*Manchester Memoirs*," Dr. S. Bardsley gives a case where the disease occurred *twelve years* after the bite was received. In the "*Dict. des Sciences Med.*" cases are stated where the intervals have been *eighteen, twenty, and even thirty years*. Whatever theory we adopt, though the diagnosis be certain, the peculiar pathologi-

cal condition of the nervous system is yet veiled in obscurity. Post-mortem examinations have thrown no certain light upon the subject. The results following the exhibition of various therapeutical agents by the experienced and scientific, lead us only to conjecture. With the hope that future researches may throw more light upon the nature and treatment of this distressing malady, I subscribe myself

To J. M. Currier, M.D.
Wm. Ingalls, Jr., M.D.

Your friend and obt. serv't,
WM. STOCKBRIDGE, M.D.

SURGICAL CASES PRESENTED AT THE ALBANY MEDICAL COLLEGE, FOR SESSION 1842-3.

[Communicated for the Boston Medical and Surgical Journal.]

Dr. March's Surgical and Medical Clinique, November 5, 1842.—

1. Mr. C. G., aged 26. This was the case of compound fracture of both bones of the fore-arm, presented at the previous cliniques. The ulcers are almost entirely healed, and in a few days the cure will be complete. The usual dressings were applied.

2. Miss M. K., aged 16, of Greenbush. Necrosis of the tibia. An ulcer communicating with the diseased bone, was enlarged, and, by the aid of Liston's bone nippers, a portion of bone was removed. The wound was temporarily dressed, and the patient ordered to apply poultices to the part.

3. Mr. I. C., aged 39, from Rochester. This patient had suffered from repeated attacks of inflammation of the eyes, the last of which occurred four months ago, and resulted in obscurity of vision of the left eye. There was a slight opacity of the crystalline lens. The iris was natural in its size, but as belladonna produced no effect upon it, adhesions were suspected to exist. As the patient complained of no pain, and as his general health was excellent, it was not deemed advisable to attempt any operation or medication.

4. S. E. C., aged 12. This was the case of contraction of the fingers, operated upon at a previous clinique. The deformity is completely removed, and the wounds almost entirely cicatrized.

5. F. G., aged 8, from Watervliet. This was a formidable case of contraction of the integuments of the anterior part of the right arm, the result of the cicatrization of an extensive burn received two years ago. The arm is permanently flexed at an acute angle. As the motions of the joint are perfectly free, an operation was recommended. The surface of the arm being in an ulcerated condition, and a fungous mass presenting on the point of the elbow, the patient was sent back into the country for proper medication preparatory to an operation being performed.

6. A. F., aged 13. The operation for strabismus was performed on this patient with perfect success.

7. Mr. I. McC., aged 35. This was the case of varicose ulcer presented at the previous clinique. On examination it was found that healthy granulation was rapidly progressing. The usual dressings were applied.

8. I. L., aged 14. Necrosis of the tibia. Some loose fragments of bone were removed, and poultices ordered to be applied.

9. Miss M. W., aged 16, of Troy. The operation for strabismus was performed on this patient.

10. Miss N. K., aged 15. This also was a case of strabismus, which was successfully operated upon.

11. Mr. I. M., aged 35, upon whose left eye the operation for strabismus was performed a week ago. This case was presented to show the appearances resulting from the operation. As there was a slight exuberance in the granulation of the conjunctiva, nitrate of silver was applied.

12. Mr. R. S., aged 71, upon whom the operation for lenticular cataract of the right eye was performed two weeks since. The operation has proved successful, and tolerably distinct vision has been restored. The right eye was operated upon in the same manner.

13. Mr. P. C., aged 17, of Greenbush, whose case was examined at the College on Saturday last, was again brought into the operating theatre to have a monstrously deformed eye removed. When this young man was a child, it was observed that the right eye was larger than the other, and that it continued to increase until about six years since, when its coats gave way, and the whole structure of the organ became disorganized. Soon after this, a physician in the country punctured or made an incision into its anterior part, without doubt with a view to evacuate its humors and lessen its great bulk. It afforded no relief, since we were informed that little or nothing was evacuated. The anterior surface of the diseased eye protruded three fourths of an inch beyond that of the other; the under lid was everted, and the upper lid was greatly everted, and granular. A portion of the sclerotic coat could be seen at two or three points of the diseased mass, and a blue line near its centre, indicating the remains of the cornea. The patient's health was good, nor had he suffered in any respect except from the bulk of the eye, and from chronic inflammation of the conjunctiva. Dr. M. was apprehensive that it might terminate in malignant melanosis, if suffered to remain much longer. It was with this view that extirpation was advised. On being removed and examined, nothing of the natural coats or humors, with the exception of a portion of the sclerotica, could be recognized. Most of the bulk of the tumor had a dark appearance, which was sufficient to name the disease "a non-malignant melanotic tumor." The cellular tissue around the tumor was in a healthy condition, and the optic nerve atrophied or wasted.

14. A child of Mr. T., aged 10 months. This case was presented for the purpose of exhibiting the results of an operation for double hare-lip, performed by Dr. March in the latter part of the month of May. The deformity has been removed, and so complete is the cure, that scarcely the vestige of a scar remains.

J. R.

DR. WARE ON CROUP.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have read with no ordinary interest an article on croup, by Dr. John Ware, in the last No. of the N. E. Quarterly Journal, and it seems to me you will confer a favor on those of the profession who do not see the Quarterly if you will call their attention to it. The article is written with the characteristic precision of the author, and although it claims some considerable abandonment of the usually received notions about this disease, still its directness and evident candor will command for it respect and trial. A less perfect observation of many of the same points discussed there has engaged my attention for some time past, and this record of facts, therefore, strikes me as peculiarly important. Very unphilosophical and vague ideas of the nature of this disease are certainly acted upon by practitioners, or we should not so often see in the Journals specific medicines proposed for the treatment of all its forms and modifications, as if the disease was an unit. Dr. Ware, without purposing to deal at all in this article with the modes of treatment, confines himself to the manner of investigating cases of croup, and has opened a path which promises to lead to useful results, if other explorers shall hereafter find that it terminates where it now seems to point. The object of this notice is to direct attention to the whole subject of croup, in the hope that if we do not hereafter do more to limit its fatality, we shall at least spare many a little sufferer from the pain if not the risk of unphilosophical remedies.

Yours, &c.

B.

NECROSIS AND EXOSTOSIS.

[THE following paper is taken from a report of the post-mortem examination of Francis Chase, who died at the age of 27, in Foxcraft, Me., by Sumner Laughton, M.D., under the date of October 27. It first appeared in the *Piscataquis Farmer*.]

As I had not an opportunity of examining the patient's case during his sickness, I can only describe the morbid alterations as they existed sixteen hours after death. Both lungs contained several calcareous concretions of the size of small peas, and one as large as a common nutmeg. The whole of the right lung was hepatized so that the air cells were impermeable to air. The substance of the left lung was healthy, but the surface was attached to the side and diaphragm by cellular adhesions. The pericardium contained six ounces of water, which must have rendered the action of the heart very laborious. The stomach was slightly inflamed at its upper orifice; liver somewhat enlarged, otherwise healthy. The spleen was enlarged to twice its natural width and thickness, and on cutting it open, it presented the appearance of a sponge filled with purulent matter (purulent infiltration). The lower portions of the intestines presented some patches of chronic inflammation. In the right side was a large psoas abscess, which contained a pint and a half of thin purulent matter—it extended six or eight inches down the thigh,

following the course of the bloodvessels. Some eight or ten weeks before the patient's death, he supposed this abscess to have discharged into the intestine, and passed off by stool, and seemed well aware of its second collection. The left hip, which had been the seat of disease for more than twenty years, and which in common parlance is termed a fever sore, presented a peculiar appearance. Some portions of the bone were black and covered with a hard fleshy substance, firmly adhering to it, and which might have existed for years. About one fourth part of the hip-bone was destroyed by disease—the upper end of the thigh-bone was soft and spongy, and easily perforated with the knife. The hip-joint was entirely obliterated by a bony deposition, shooting out equally from the hip and thigh bones, completely connecting the two bones for a distance of six inches. The thigh was drawn inward and forward, probably by the contraction of the muscles in the early stage of disease, which might favor its connection with the hip bone—it was shortened about two inches.

According to information received from the friends of the deceased, he has never been afflicted with cough, pain in the side or about the chest, or difficulty of breathing, until three or four days before his death, when he was unable to lie upon his right side. I cannot learn that he ever had any symptoms of dropsical effusion about the heart, or the disease of the spleen; and as he was not attended by a physician during the last of his sickness, many interesting features of his case must be left to conjecture.

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BOSTON, NOVEMBER 16, 1842.

CHARACTER OF MODERN SURGERY.

On the first page will be found some of the closing parts of Dr. Hayward's lecture at the Medical College, introductory to his annual course on the Institutes of Surgery. It is but a moiety of the whole, but it is so true, candid, and at the same time bold in the analysis of every-day surgery, that we believe others will derive as much satisfaction from the sentiments of the Professor as ourselves. There was nothing tame, obsequious or common place in the discourse: it was characterized throughout by an honesty of purpose and strength of thought, which should always be exhibited by public teachers in a profession which proposes to ameliorate the sufferings of humanity.

Dr. Bartlett's New Work on Typhus.—Notice has already been given of the appearance of this work. We have become satisfied of its sterling value, and therefore, without hesitation, feel justified in again recommending it to the immediate notice of practitioners. Nearly all the medical schools in the United States are now in the full course of business.

The chair of theory and practice in these schools, will unquestionably make it a point to thoroughly dissect and display the excellences or defects of Dr. Bartlett's work. If it is not done, the professor who neglects it will be culpable for his neglect, since it is his duty, as it should be his pleasure, not only to keep pace with all the discoveries and developments appropriately belonging to his theatre, but to announce them to those who seek instruction from his words, and also to point out all defects in pretended improvements or discoveries. Right or wrong, therefore, meritorious or not, as an author, Dr. Bartlett is evidently destined to undergo a severe scrutiny the coming winter. Instead, however, of standing in fear of the tribunals before which he will be arraigned, he will doubtless be gratified with the opportunity of speaking to the multitude, since his language is that of a gentleman and a scholar, and his doctrine the fit subject for the investigation of a medical philosopher.

What is typhus fever? How frequently the question has been asked, but how unsatisfactorily answered. Multitudes die annually of typhus and typhoid fever, in professional parlance, and yet when any one attempts an explanation of the phenomena of typhus, as a general rule more are dissatisfied than are pleased with the result.

The book is now fairly before the profession; and here we leave it for the present, accompanied by our best wishes for its success, because it is regarded in the light of the best production extant on the subjects of which it treats.

Elements of Chemistry.—Having examined the admirable work of Dr. Kane, improved and Americanized by Professor Draper, within a few days, we feel constrained to say that it fully answers our expectations and the general representations of the public press. In some former remarks, it was mentioned that the profits derived from the sale of the American edition were to be generously given to Dr. Kane, on account of his straitened circumstances. We learn that we were misinformed as to the circumstances of Dr. K., and are pleased to hear that he is not in a needy condition. The generosity of Professor Draper was therefore a pure offering of what he considered as belonging to Dr. Kane, although by custom and copy-right it was his own. Such exhibitions of uprightness and moral principle are uncommon; but an example from a source so elevated, will have a wholesome influence on other minds. It therefore gives us unfeigned pleasure to record a fact so creditable to Dr. D. and to our country. With regard to the book, it is full of instruction, full of interest, and will be an indispensable appendage to the library of a cultivator of the science of chemistry.

Transactions of the Society of Alumni.—A new society seems to have been recently organized in New York, of the alumni of the University of the State of New York, for the purpose of concentrating the medical knowledge of its members. From the point of concentration, it is to be diffused for the advantage of the profession, through official publications. The first report is creditable to any body of scientific men. Impossible as it is to transcribe the whole, it will nevertheless give us great pleasure to republish such portions, from time to time, as will explain sufficiently the intentions and the value of the labors of the Society.

Fruits of Philosophy.—As long ago as 1839, a fourth edition of a very small-sized book was published in Philadelphia, bearing this title—"Fruits of Philosophy, or the private companion of adult people, by Charles Knowlton, M.D.," of Ashfield, Mass. Within the last week, for the first time, we have seen a copy; and yet it seems, from the circumstance of having passed through four editions, to have been extensively circulated.

Although written by a medical man, who is certainly a bold, vigorous thinker, and who appears not to have the fear of the world's frowns before his eyes, it seems particularly designed for the great public at large.

Dr. Knowlton is evidently a disciple of Malthus, and reasons with all his might to convince the reader, in the preliminary argument, that unless some efforts are made instantaneously, there will be too many human beings in the world, before they are aware of it. Such a state of things would raise the price of bread and meat, usher in a famine some millions of years hence, and produce inconveniences without number. The book contains an avowal that will be rather startling, we think, to every right-minded man. "It is now," he says "eight years since *theory* led me to adopt and recommend to others, a simple, cheap and harmless method of preventing conception," &c. Dr. Knowlton, we will venture to say, is the only medical man in New England, if not in America, who ever spoke forth a like sentiment.

Having been taken by surprise by this little book, which proposes such unnatural measures, we are not prepared to say much about it at present, either in reference to its literary merits, physiological accuracy, or moral tendency. We think, however, the less that is known about it by the public at large, the better it will be for the morals of the community; and it is only as the production of a medical man, and in a work which is read by medical men, that we have thought it expedient to notice it. Population is certainly on the increase in the United States, and it is fair to conclude, therefore, that the "*Fruits of Philosophy*" has not essentially influenced the public mind in the way that the author intended when he decided upon becoming a philanthropist of the newest order.

Extraordinary Case of Twins.—Dr. William Jameson, Assistant Surgeon to Mercer's Hospital, relates a novel case of twins in the Dublin Medical Journal. He was called to Mrs. R., aged 30, the mother of four living children, the youngest seven weeks old and then nursing, in consequence of severe and irregular pain in the abdomen. He found a firm, hard tumor, reaching as high as the umbilicus, during the pain, but on the subsidence of this the tumor became softer. It seemed to be a gravid uterus, and with the stethoscope it was thought a placental murmur was heard, but no fetal heart. A slight red discharge existed from the vagina, which she thought was menstrual. The possibility of her being in labor was suggested, but she very naturally considered it impossible. An oil draught was ordered, and Dr. J. was very soon after summoned again, when the head of a small child was found presenting, with the membranes complete. On the recurrence of another pain, the child, membranes and placenta were expelled together. Within the bag was found a dead male child, at about the sixth month of gestation, shrivelled and dark, but not at all putrid or decomposed. The cord was small, but

the placenta as large as that of a full-grown fœtus, and healthy. The uterus contracted well. This delivery took place on the 3d of April. The infant at her breast was born on the 13th of the preceding February, a midwife attending, and her labor having been much as usual, excepting that her size did not decrease so much. It was ascertained that the last time she menstruated was in the latter part of April, 1841, forty-two weeks before the living child was born, and forty-nine weeks before the last labor.

Method of Stopping Bleeding from the Nose.—Dr. Négrier, of Angers, relates some curious instances in which epistaxis was arrested. The remedy is certainly simple enough, being nothing more than lifting perpendicularly the arm of the side from which the blood flows, while the nostril is compressed and the head high. Dr. N. was induced to try this plan by the following incident. While shaving himself, the skin under the nose was cut, and blood flowed from the trifling wound so copiously that he could not stop it with court plaster or the nitrate of silver. By chance, both his arms were raised to reach something, and he was surprised to find the flow of blood immediately cease. On lowering his arms it commenced again, and was again and repeatedly arrested by the same means. By keeping them up one or two minutes a plastic crust formed upon the cut, which put a final stop to the bleeding. Dr. N. states that if the cut goes through the capillary vessels alone, the hemorrhage is not stopped, the division of some arterial branches of a greater calibre being necessary for this effect to be produced.—This remedy will probably need further trial before it can be considered as an established one.

Substitute for Bile.—Dr. Johnson, of London, and many other eminent practitioners, are in the habit of exhibiting *ox-gall* in cases where there is a deficiency or total absence of bile in the primæ viæ. The consequences of this deficiency of bile in the liver or digestive apparatus are—loss of appetite, want of digestive power, and severe constipation, attended by rapid emaciation of the body. To mitigate these symptoms in obstinate obstructions with jaundice, the above medicine has been given with success in numerous instances until the primary cause of the disease could be removed. The first case in which Dr. Johnson used it, was a female who had a tumor in the region of the liver, which completely prevented the exit of bile from the ductus communis into the duodenum. This had continued for eighteen months; the patient was reduced to a skeleton, and the skin was of a deep mahogany color. No bile whatever appeared in the alvine discharges. The ox-gall was prescribed, and iodine mercurial frictions were employed for more than six months, when the tumor gradually subsided, the biliary secretion ultimately found its way into the intestinal canal, and recovery took place.

Laws of Conception.—Burkhardt, in his *Travels in Nubia*, page 302, after denying that the slave traders from Central Africa to Egypt are careful of the chastity of their female slaves, and asserting that, on the contrary, few of them reach Cairo unviolated, says:—

“The merchants take great care to prevent any improper intercourse

between the slaves themselves, always separating the boys from the girls at night; this is not so much done from jealousy, as because the pregnancy of females diminishes their value. It frequently occurs, however, notwithstanding all their vigilance; and it is generally found that every female has some favorite among her master's slaves. It is a received opinion, also, in all the countries where the slave trade prevails, that a female black conceives more readily from her intercourse with a black male, than with a stranger."

Dunglison's Medical Library.—This work was suspended with the completion of Dr. Hope's work on the Heart, with Dr. Pennock's notes. It has supplied some valuable works, and we much regret the cause of its discontinuance, which the publisher states to be the derangement of exchanges. The contents of the volume just completed, include several works of high value; among them are—*Clark on Sanative Influence of Climate—Change of Blood in Disease—Sources and Modes of Action of Fever—Hochen's Treatise on Amaurosis—Macrobin's Introduction to the Study of Medicine*, in addition to Dr. Hope's work with plates. Messrs. Jordan & Co., 121 Washington street, can, we learn, supply three sets of the year at \$5.

Medical Graduates.—The annual Commencement of the Berkshire Medical Institution was held recently. The reading of the Theses commenced at 9, A. M. At 11, the annual address was delivered by the Rev. John Todd. The President (Dr. Childs) also delivered a brief address, in which he appropriately noticed the death of Professor Lee.

Degrees were conferred upon the following gentlemen:—Peter S. Arndt, on *Inflammatory Fever*. Richard H. Benjamin, *Intestinal Worms*. William P. Bonney, *Hydrargyrum*. David Brown, *Difficult Dentition*. Norris G. Clark, *Scarlatina*. Cyrus K. Fiske, *Influence of Perverted Passions*. Alfred C. Garrett, *Fibris Remittens*. David H. Hallock, *Physiology of Digestion*. Lucius Howard, *Intermittent Fever*. Theron Minor, *Spinitis*. Robert P. More, *Hydrops Abdominis*. Joseph B. Parsons, *Acute Rheumatism*. Richard J. Patterson, *Cynanche Trachealis*. Edward Potter, *Iodine*. Louis L. J. Prevost, *Fever*. David Rice, *Monstrosities*. Calvin Ruddock, *Morbid Effects of Alcohol*. Henry K. Spelman, *Diagnosis*. Darwin R. Story, *Acute Hepatitis*. Ashmun H. Taylor, *Thomsonianism*. John R. Wilbur, *Cynanche Trachealis*. Elijah A. Woodward, *Enteritis*. The exercises closed with a short address to the graduates by the President.

Medical Miscellany.—A case of the spontaneous rupture of one of the digital arteries, in New York, is contained in a newspaper, which was secured by Dr. Bostwick.—The weekly meetings of the London Medical Society commenced for the season on Monday, September the 26th. The subject for the Fothergillian prize essay for March next, is "*The Organic Diseases of the Uterus*." For 1844—the subject to be written upon, is "*The Origin, Symptoms, Diagnosis, Treatment and Consequences of Scarlet Fever*." The learned of all countries are invited to become candidates for these honors.—On Monday, October 3, the medical lectures of all the classes commenced at the University of London, by the

faculty of medicine.—Three scholarships for matriculated students have been founded in King's College, medical department, of the yearly value of £40 each—and which may be held three years.—Elements of Chemical Analysis, by Edward A. Parnell, is not yet re-published here, although taking such rank abroad.—Dr. Graves's System of Clinical Medicine was to have been published in October, at Dublin.

TO CORRESPONDENTS.—The report of operations at the Massachusetts General Hospital, and the communication of Dr. R. C., came too late for insertion in this No.

BOOKS RECEIVED.—The Obstetric Catechism, by Joseph Warrington, M.D.—Hayward's Physiology, fourth edition.—London Dissector, revised and corrected by E. J. Chaisty, M.D.—Lectures on the Theory and Practice of Physic, by Dr. Stokes and Dr. Bell, second edition.—The Dublin Practice of Midwifery, with notes by Dr. Gilman, of New York.

MARRIED.—At Quincy, Dr. James A. Stetson to Miss Abby F. Brigham.—At New York, Dr. Van Buren, of the U. S. Army (son of the Ex-president), to the eldest daughter of Dr. Valentine Mott, of New York.

DIED.—At New York, Dr. Isaac Nordheimer, 82.—At New Haven, Ct., Dr. Geo. Monson—drowned.—At Lundy's Lane, opposite Niagara Falls, U. C., Dr. John J. Lefferty, 64.

Number of deaths in Boston for the week ending Nov. 12, 31.—Males, 15; Females, 16. Stillborn, 4. Of consumption, 6—intemperance, 2—inflammation of the bowels, 2—child-bed, 1—disease of the lungs, 1—dropsy on the brain, 1—scrofula, 1—croup, 1—scarlet fever, 2—smallpox, 1—typhus fever, 3—diarrhea, 1—spasmodic cholera, 1—dropsy, 2—infantile, 2—hemorrhage, 1—bowel complaint, 1—lung fever, 1.

TREATMENT OF HERNIA.

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HENRY G. CLARK, M.D.

Nov. 16.—if

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A. 19

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I am, my dear Sir Astley, yours truly,

SAMUEL ASHWELL.

To Sir Astley Cooper, 39 Conduit Street.

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SAMUEL ASHWELL, M.D.,

Obstetric Physician, and Lecturer to Guy's, London.

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EDWARD RIGBY, M.D.,

Lecturer to St. Bartholomew's Hospital, London.

I have recommended Dr. Hull's Utero-Abdominal Supporter in cases of Prolapsus Uteri—and have much pleasure in stating the very high opinion I entertain of its superiority over the instruments ordinarily used in these troublesome and inconvenient affections.

I am, Sir, yours truly,

WM. GRIFFITH, M.D.,

Lecturer to Westminster Hospital, London.

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In Paris, the Supporter has been introduced into hospital and private practice, under the public and written sanction of Moreau, President of the Academie de Roynle de Medecine, and Accoucheur to the Duchesse d'Orleans; Professors Velpeau, Paul Dubois, and Marjolin.

In Boston, it has been recommended by J. C. Warren, M.D., Professor of Anatomy and Surgery, Harvard University. John Ware, M.D., Professor of Theory and Practice of Medicine, Harvard University. E. Hale, M.D., Physician Mass. General Hospital. Drs. J. V. C. Smith, W. Strong, Walter Channing, Snow, Otis, Flint, Clark, and other distinguished physicians.

In New York, by Professors Delafield and Stevens of the College of Physicians, Professors Valentine Mott and Bedford, Drs. Neilson, Perkins, Doane, Bibby, Kissam, Anderson, Thomas Boyd, Vaché, David Rogers, David L. Rogers, Gilbert Smith, Hosack, Ludlow, Stearns, John W. Francis, Mead, Bliss, Francis U. Johnson, Laurens Hall, Professors Reese and March, Albany Med. College, Professor McNaughton, of Albany, and others.

The Medical Society of the State of New York, at its annual session, (Feb. 1838) appointed a committee to examine into the merits of this instrument; who state in their report, "That they have had the same under consideration; and from the certificates of eminent surgeons who have made ample trials of the Supporter, they have no hesitation in recommending it to the profession, and in expressing their belief that it will in most cases supersede the use of pessaries."

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